

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101537766

FILING DATE

06 JUN 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15	1	14				
16		15				
17		16				
18		17				
19		18				
20		19				
21		20				
22		21				
23	1	22				
24		23				
25	1	24				
26		25				
27	1	26				
28		27				
29		28				
30		29				
31		30				
32		31				
33		32				
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41		40				
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44		43				
45		44				
46		45				
47		46				
48		47				
49		48				
50		49				
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	27	←		←		←
TOTAL CLAIMS	32					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						